# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	Inter	nal Revenu	ie Service	Go to www.irs.gov/Form990 for instructions and the latest inform	nauon.	<u> </u>	mspection
	A	For the	2018 cale	ndar year, or tax year beginning 01/01 , 2018, and ending	12/	31	, 20 18
	В	Check if a	applicable	C Name of organization Direct Action Everywhere		D Employe	er identification number
	Ō.	Address		Doing business as			81-4502283
			-	Number and street (or P O box if mail is not delivered to street address) Room/suite	- 1	E Telephon	
	<u> </u>	Name cha	-	·	- 1	•	
72	片	Initial retu		PO Box 4782			801-822-1012
<u></u>		Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
15	Щ	Amended		Berkeley, CA, 94704		G Gross red	
	Ш	Application	on pending	· · · · · · · · · · · · · · · · · · ·			ubordinates <sup>2</sup> Yes  No
							ıncluded? Yes No
	L	Tax-exem	npt status		"No," attac	h a list (se	e instructions)
	J	Website:	► ww	w.directactioneverywhere.com	(c) Group e	exemption i	number ►
契	K	Form of o	rganization [	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	2016	M State	of legal domicile CA
88	P	art I	Summ	ary			
$\infty$		1	Briefly de	scribe the organization's mission or most significant activities: To educate	the publ	ic about	environmentalism and
_	e		animal w	elfare.			
Z	an		<del></del> -				
S	Activities & Governance	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of mo	re than	25% of r	ts net assets.
2	õ			of voting members of the governing body (Part VI, hige-Ia)		3	3
<u>u</u>	۵	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	3
Ş	ies			nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
SCANNED	žΪ	1		nber of volunteers (estimate if necessary)		6	10
Ş	<b>d</b> ct	1		elated business revenue from Part VIII, column (C), line 12		7a	0
D	_	1		ated business taxable income from Form 990-1710-38		7b	0
			1101 011101	L UGDEN 11T	Prior Yea		Current Year
		8	Contribut	tions and grants (Part VIII, line 1h)		47,000	470,201
	Revenue	1		service revenue (Part VIII, line 2g)		0	
	Ş			nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	
2019	æ	1		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
22				enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,000	470,201
ಬಾ				nd similar amounts paid (Part IX, column (A), lines 1–3)		0	
2		1				0	12,748
				paid to or for members (Part IX, column (A), line 4)			
APR	Expenses	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	4 044
	ë	1		anal fundraising fees (Part IX, column (A), line 11e)		0	1,241
64	쏬	1		draising expenses (Part IX, column (D), line 25) 1,241			
m	_			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,690	355,373
$\infty$		1	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		42,690	369,362
$\sim$			Revenue	less expenses. Subtract line 18 from line 12		4,310	100,839
2	Sor				ning of Curi	+	End of Year
3	set	20		ets (Part X, line 16)		4,966	112,565
2	Net Assets or Fund Balances	21		ılıtıes (Part X, line 26)		0	6,760
_				ts or fund balances. Subtract line 21 from line 20		4,966	105,805
	Pa	art II	Signat	ture Block			
	Un	der penalt	ies of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, ete Declaration of preparer (other than officer) is based on all information of which preparer has a	, and to the	e best of m	y knowledge and belief, it is
	tru	e, conect,	and compi	ete Declaration of preparer (other than officer) is based on all illionnation of which preparer has a	TITY KITOWIE		
S	٠.		_				
' '0	Sig		Signa	yne Hslung, President	Date		
Ù	He	re			April 3,	2019	
る			<u>, , , , , , , , , , , , , , , , , , , </u>	or print name and title			DYN
~	Pa	id	Print/Ty	pe preparer's name Preparer's signature Date	2016	Check [	
		eparei	Jeffrey	Davidson Mal Jed 3/24/2	2019	self-emp	loyed <b>P02186265</b>
		e Only		ame ▶ Jeffrey Davidson	Firm'	s EIN 🕨	
	_		Firm's a	ddress ▶ 4218 Skeffington Court, Southport, NC 28461	Phon	e no	415-230-0244
1	Ma	y the IR	S discuss	s this return with the preparer shown above? (see instructions)			🗹 Yes 🗌 No

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018) Statement of Program Service Accomplishments Part III Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: To educate the public about environmentalism and animal welfare. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . . . . ☐ Yes ☑ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ 196,472 including grants of \$ 12,748 ) (Revenue \$ (Code: 470,201) PRODUCTION AND DISSEMINATION OF EDUCATIONAL MATERIALS - Direct Action Everywhere produces information about environmentalism and the prevention of animal cruelty that is disseminated to the public online, at volunteer events, and demonstrations. Examples are published on the website at www.directactioneverywhere.com. ) (Expenses \$ 113,100 including grants of \$ 0 (Revenue \$ TRAINING AND DEVELOPING GRASSROOTS ACTIVISTS - DxE co-organizes a yearly conference in the Bay Area where hundreds of activists from across the globe are trained in nonviolence, outreach, knowing their rights, and other important areas. ) (Expenses \$ 53,909 including grants of \$ 0 ) (Revenue \$ MAJOR COMMUNICATIONS PROJECTIONS - DxE produces a number of high quality videos on social media, sometimes with media partners, in order to educate the public about animal cruelty in food production. Videos produced by DxE have been viewed millions of times, and major media partners such as The New York Times and The Intercept have worked with us in publishing important educational information about abuses to animals in industrial farming, laboratories, and other contexts. Other program services (Describe in Schedule O.) (Expenses \$ o including grants of \$ o) (Revenue \$ 0) Total program service expenses ▶ 4e 363,481



#### Part IV **Checklist of Required Schedules**

			Vaa	Ma
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	Yes	No
2	complete Schedule A	2	~	
2	Did the organization required to complete schedule b, schedule or community (see instructions).	_	-	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>/</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>&gt;</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>/</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>V</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>V</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<i>-</i>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>v</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>&gt;</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	٧	
		Forr	<sub>ກ</sub> <u>99</u> 0	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
040	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		•
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	/	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-		
	reportable garriing (garribing) wirnings to prize wirners:	1c	ı	ı

Form **990** (2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		
4a	-a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a.		ير
- · ·	If "Yes," enter the name of the foreign country:	74.		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u></u>
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1
b		5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a		60		, I
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b		66		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	٠		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>.</b> ,		
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	-		
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a	—	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b 10		30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:	1		
11	Gross income from members or shareholders			
a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	100		-
	·			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
C 140	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
14a		14a		<del>-</del>
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	ויייט		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		,
	excess parachute payment(s) during the year?	15		<u> </u>
40	If "Yes," see instructions and file Form 4720, Schedule N.	16	—	_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720, Schedule O.	10		<del>-</del>
	no res. complete norm 4720, ochequie U.	1	i	ı

OIIII 33				ugo o
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and	for a	"No"
	Check If Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	<u> </u>	•••	<u> </u>
000			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   3			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>/</b>
6	Did the organization have members or stockholders?	6_		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>V</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	<b>'</b>	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a <sub>.</sub>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
<u>Secti</u>	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year		•	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Jeffrey Davidson, (415)230-0244	cords	<b>&gt;</b>	

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employee	s, Highest Compensate	ed Employees, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (B) (D) (E) (F) (A) (do not check more than one Average Reportable Reportable Estimated Name and Title box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) reek (list an from related other Highest compensated employee Highest Institutional hours for Individual organizations compensation organization (W-2/1099-MISC) from the related employee (W-2/1099-MISC) organization organizations and related below dotted trustee line) trustee organizations Wayne Hsiung **President** 0 O 5 Priya Sawhney 0 0 0 0 Secretary Almira Tanner 5 0 0 **Treasurer** 0

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (con	tınuéd)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation froi	m	(F) Estimate amount	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC		other compensa from th organizat and relat organizati	e ion ed
													_
				,									
		:											
1b c d	Sub-total	VII, Sectio			•			<b>&gt; &gt; &gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	<del></del>	L	1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc							oloyee, or high		ted _	3 Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep greater tha	an \$1	50,	000	? //	f "Ye	on a s,"	nd other comp complete Sch	ensation from edule J for si	the	4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Individual		ompe		ion	froi	m any					5	
Section	on B. Independent Contractors	: 17 700, 0	.cmpi	OLO Y	00,	, cut	<i></i> .	0, 0	don person	· · · · · ·	<u>·                                      </u>		
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	fress							(B) Description of s	ervices	Com	(C) pensatio	n
None													
			_			_							
	Total number of independent contractor	ors (includir	na hi	ıt n	ot I	ımıt	ed tr	L th	nose listed abo	ove) who			
2	recovered more than \$100,000 of company							<i>,</i> (1)	iose listed abt	3 VG) WITO			

Form 9	990 (201	8)						Page 9
Par	t VIII							
		Check if Schedule C	) contains a res	ponse or note to	any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundralsing events Related organizations Government grants (cor	1b 1c s 1d htributions) 1e	0 0 0 0		ட்டன் நடிகளும் இன்றத்தி	pri ritedi.	
Contributions, and Other Sim	g	All other contributions, g and similar amounts not ind Noncash contributions include	cluded above 1f  ded in lines 1a–1f \$	470,201 U				, 17 r., , w
	h	Total. Add lines 1a-1	<u>f </u>	<u></u> ▶	470,201			<del></del>
Program Service Revenue	2a b c d			Business Code				
E	l e							
Progra	f g	All other program ser Total. Add lines 2a-2	et		0	_		
	3	Investment income		_				
		and other similar amo	•		0	0	0	0
	4	Income from investmen	it of tax-exempt be	ond proceeds -	0	0	0	0
	5	Royalties			0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents	0	0				
	ь	Less rental expenses	0	0				
	C	Rental income or (loss)	0	0				
	d	Net rental income or	(loss)	•	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b c	Less: cost or other basis and sales expenses Gain or (loss)	0	0				
	d	Net gain or (loss) .		<u> </u>	0	0	0	0
Other Revenue	8a	Gross income from fuevents (not including \$_of contributions reported See Part IV, line 18	0 ed on line 1c). · · a	0				
ᅙ		Less: direct expenses		0				
	1	Net income or (loss) f Gross income from ga	aming activities		0		0	0
		See Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) f Gross sales of in returns and allowand	nventory, less es <b>a</b>		0	0	0	0
	b	Less: cost of goods s					_	
	С	Net income or (loss) f		entory ►	0_	0	0	0
		Miscellaneous F	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a-		•	0			
	12	Total revenue. See			470,201	0	0	0

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	10,000	10,000		<u> </u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,748	2,748		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				•
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	54,056	54,056	0	0
C	Accounting	4,450	0	4,450	0
d	Lobbying		-		
e	Professional fundraising services See Part IV, line 17	1,241			1,241
f	Investment management fees		<del>"-</del> "		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
40	- ' · · · · · · · · · · · · · · · · · ·	93,733	93,733		
12	Advertising and promotion	15,205	15,205	•	
13	Office expenses	2,990	2,990		
14	Information technology	36,716	36,716		
15	Royalties		-		
16 17	Occupancy		01 705		
18	Payments of travel or entertainment expenses	21,785	21,785		
10	for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings .	113,100	113,100		
20	Interest	113,100	113,100		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				<del></del>
23	Insurance			<del></del>	·-
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Education Center	1,988	1,988	0	0
b	Government Fees	11,160	11,160	- 0	0
С	Bank Fees	190	0	190	0
d		· ·			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	369,362	363,481	/ 4,640	1,241
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here   ☐ if following SOP 98-2 (ASC 958-720)				

33

Form 990 (2018) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 4.966 1 112,163 1 2 2 3 3 4 4 402 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation . . . . b 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . investments-program-related See Part IV, line 11 . . . . . . 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 4,966 112,565 17 17 Accounts payable and accrued expenses . . . . . . . . . . . . 6,760 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25

Total liabilities. Add lines 17 through 25 . 0 26 6,760 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4.966 27 105.805 27 28 0 28 0 29 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . ' . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32

Total liabilities and net assets/fund balances . . . .

Form 990 (2018)

105,805

112.565

33

34

4,966

4,966

Part	XI Reconciliation of Net Assets		•	۳- ۱			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47	0,201		
2	Total expenses (must equal Part IX, column (A), line 25)	2		36	9,362		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,				
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6			0		
7	Investment expenses	7			0		
8	Prior period adjustments	8			0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
D	33, column (B))	10		10	5,805		
Part	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		Yes	No		
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			.03			
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlaın ın					
	Schedule O.	piairi iii					
2a							
	If "Yes," check-a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		~		
`	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			4		
	separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				,		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		<del></del>		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın`					
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in					
	the Single Audit Act and OMB Circular A-133?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Julis		ູດດາ	(2018)		
	,		rorr	11 330	(2018)		

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Direc	t Actio	on Everywhere					L	02283	<del></del>
Par		Reason for Public Char						ns.	
The o	rganı	zation is not a private founda	tion because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	□ A	church, convention of church	hes, or associati	on of churches descr	ibed in <b>s</b> e	ection 17	0(b)(1)(A)(i).	/	
2	Па	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).) 【 <b>】 /</b>		
3		hospital or a cooperative hos							
4		medical research organization						(iii). Ente	er the
*	_	ospital's name, city, and state	•	origanionom when a moof	onal door		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	o,o
E		n organization operated for		college or university	owned o	r operate	d by a government	al unit d	described in
5	se	ection 170(b)(1)(A)(iv). (Com	olete Part II.)	-				ai uiiit t	Jeschbed in
6		federal, state, or local govern							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
	de	escribed in <b>section 170(b)(1)</b>	(A)(vi). (Complet	e Part II.)					
8	ПА	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	_	n agricultural research organi				erated in	conjunction with a l	and-gra	nt college
	or ur	runiversity or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the col	lege or
10	☐ Aı	n organization that normally r	eceives: (1) mor	e than 331/3% of its si	upport fro	m contri	butions, membership	o fees, a	and gross
	re	ceipts from activities related upport from gross investment	to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more that	n 331/39 husings	6 of its
	SL	apport from gross investment equired by the organization a	fter June 30, 197	75. See section 509/a	9)(2) (Co	nnlete Pa	ert III )	Dusines	5565
11		n organization organized and							
		n organization organized and						ny out t	ha nurnosas
12	LJ AI	one or more publicly suppo	operated exclus	ne described in <b>secti</b>	i, to pend ion 500/s	1/11 or ea	anction 509(a)(2) Sec	sectio	ne purposes nn 509(a)(3)
		heck the box in lines 12a thro							
	_		•	* * * * * * * * * * * * * * * * * * * *	-	_			
а		Type I. A supporting organ							
		the supported organization					he directors or trust	ees of ti	ne
		supporting organization. Ye	<del>-</del>						
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), b	y having
		control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the	supported
		organization(s). You must	complete Part I	V, Sections A and C	•				
С		Type III functionally integ	rated. A suppor	tıng organizatıon opei	rated in c	onnectio	n with, and functiona	ally integ	grated with,
_		its supported organization(							
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted or	ganization(s)
u		that is not functionally integ	arated The orga	nızation denerally mu	st satisfy	a distribi	ition requirement an	d an att	entiveness
		requirement (see instruction						<b>- - - - - - - - - -</b>	
	_	· '	•	-				+	- 101
е		Check this box if the organ	ization received	a written determination	on from t	ne IKS th	atitis a Type i, Type	ян, тур	e III
		functionally integrated, or 1						г	
f		er the number of supported o	-					[	
g	Pro	vide the following information	about the supp	orted organization(s).	<u> </u>				
	(i) Nar	me of supported organization	(iı) EIN	(iii) Type of organization		organization	(v) Amount of monetary		Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)		support (see tructions)
				above (see ilistructions))			instructions)	1113	iructions)
					Yes	No			
(A)									
(B)									
					<u> </u>				
(C)									
		<u> </u>			ļ	<b></b>			
(D)									
<del></del>									
(E)									
(E)									
Ŧ . 4 .			l		I -	I		l	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			0	47,000	470,201	517,201
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	· 0	O	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			0:	0	o	0
4	Total. Add lines 1 through 3	· 0	0	0	47,000	470,201	517,201
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						303,402
6	Public support. Subtract line 5 from line 4						213,799
	on B. Total Support				<u> </u>		213,799
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	0	0	0	47,000	470,201	517,201
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on,			0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			0	0	0	0
11	Total support. Add lines 7 through 10						517,201
12	Gross receipts from related activities, etc.	. (see instructio	ons)			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop her	re			-	ear as a sectio	
	on C. Computation of Public Suppor						
	Public support percentage for 2018 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2017 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organi					15	shook this
104	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2017. If the organization	•		-			<del></del>
-	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20						
174	10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts- facts-and-circi	and-circumsta umstances" te	ances" test, ch st. Thè organi	eck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	rcumstances" stances" test.	' test, check t The organizati	this box and s	stop here.
18	<b>Private foundation.</b> If the organization de					k this hovered	
10	instructions						

Part						-	
	`(Complete only if you checked the			_			under Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		1 2 2 2 2 2 2 2		I	1	
_	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		,				<del> </del>
	sold or services performed, or facilities		· ·				
	furnished in any activity that is related to the organization's tax-exempt purpose			_			
. 3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						•
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				-		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3		/	1			
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
- C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	,					
C4	line 6.)				<u> </u>	L	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2010	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
С	Add lines 10a and 10b/		•				
11	Net income from unrelated business						
	activities not included in line 1,0b, whether or not the business is regularly carried on						
12	Other income Do not include gain or		-	<del> </del>			+
12	loss from the sale of capital assets			,	,		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) . /						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sect	ion 501(c)(3)
	organization/check this box and stop he						<b>&gt;</b> 🗆
Secti	on C. Computation of Public Suppor					<del></del>	
15	Public support percentage for 2018 (line 8						<u>%</u>
16	Public support percentage from 2017 Sch			<u> </u>		16	%
	on D. Computation of Investment In			oviline 40 and	(f)	147	
17 40	Investment income percentage for 2018 ( Investment income percentage from 2017)						<u>%</u>
18	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organ						
19a	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	331/3% support tests—2017. If the organiz	-	_	•	•		_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						_

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	<b>'</b> .)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2	<u> </u>	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	·	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	_	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	_	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		

determine whether the organization had excess business holdings )

10b

1	٥,	^	_	1
	_ a	u	u	٠

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			7
			Yes	No
-1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ł		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
		2		
Section	on C. Type II Supporting Organizations		<b>V</b>	N
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or trustees of each of the organization's supported organization(s)? If No, describe in Part Viriow control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Casti		<u> </u>		
Secu	on D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	140
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		1
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<del></del>	
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see in	structi	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			]
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	,	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<del></del>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	.,	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ing organization (see

	e A (Form 990 or 990-EZ) 2016			rage I
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013	-		
b		-		
	E 0015			
	From 2016			
	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	- "		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:		-	
<u></u> а	Excess from 2014			
b				
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)
	<del></del>
	·
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	,
· <u></u>	
	×

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	see separate instructions), ti						
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III				Alfination musels	
	of organization			"		itification numbe	er
_	Action Everywhere					81-4502283	
Part		e organization is exempt und					
1		the organization's direct and in	direct political ca	ampaign activ	lities in Part	iv. (see instru	ctions to
•	definition of "political can	npaign activities) y expenditures (see instructions).			<b>►</b> \$		
2 3		cal campaign activities (see instructions)			ν		
		e organization is exempt und			<del></del>		
1		excise tax incurred by the organiza			▶ \$		
2		excise tax incurred by organization					
3		ed a section 4955 tax, did it file Fo				Yes	No
4a	•		=			. Tyes	∏No
b	If "Yes," describe in Part					_	_
Part		e organization is exempt und	er section 501(	c), except s	ection 501	(c)(3).	•
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt	function		
	activities	·			▶ \$		
2		filing organization's funds contrib					
		vities					
3		expenditures. Add lines 1 and 2					
					_		
4		file <b>Form 1120-POL</b> for this year				Yes	∐ No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all s	ection 527 po	olitical organi	zations to which	the filing
	organization made payme	ents. For each organization listed, ontributions received that were pro	enter the amount	paid from the	e filing organi	zation's tunds .	AISO ENTEI tion, such
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is n	eeded, provid	de information i	n Part IV.
			1	Ί			
	(a) Name	(b) Address	(c) EIN		t paid from anization's	(e) Amount of contributions rec	
					ne, enter -0-	promptly and	directly
						delivered to a s political organ	
						If none, ente	
/41	· ··			***			
(1)							
(2)					· <u>-</u>		
(2)							
(3)							
				-			
(4)							
				ļ			
(5)			-				
				<del> </del>			
(6)		<b></b>	-				

Schedule	C (Form	990 or	990-EZ)	2018

Page 2

Par	t II-A	Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ction under		
<b>A</b> (	Check ►	☐ if the filing organization bel address, EIN, expenses, ar				liated group memb	er's name,		
<b>B</b> (	Check ▶	If the filing organization che	ecked box A and	"limited control" p	rovisions apply				
			bbying Expendit			(a) Filing	(b) Affiliated		
		(The term "expenditures"				organization's totals	group totals		
1a		bbying expenditures to influen							
t		bbying expenditures to influen	•	- '	g)				
•		bbying expenditures (add lines	•						
C		exempt purpose expenditures							
6		xempt purpose expenditures (a		•					
f	Lobbyi columr	ng nontaxable amount. Ente is	r the amount f	rom the following	g table in both				
	If the an	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:				
	Not over	\$500,000	20% of the ar	mount on line 1e					
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000				
	Over \$1	000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000				
	Over \$1	500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000				
	Over \$1	7,000,000	\$1,000,000						
<u></u>	g Grassroots nontaxable amount (enter 25% of line 1f)								
ŀ	Subtra	ct line 1g from line 1a. If zero o	less, enter -0-						
i	Subtra	ct line 1f from line 1c. If zero or	less, enter -0-						
j		ıs an amount other than ze		1h or line 1i, did	the organization	file Form 4720	J., D.,		
	reportir	ng section 4911 tax for this yea				<u> L</u>	_ Yes		
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)								
		Lobbyi	ng Expenditures	During 4-Year A	veraging Period				
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total		
28	Lobbyi	ng nontaxable amount							
t		ng ceiling amount of line 2a, column (e))							
c	Total lo	bbying expenditures		,					
C	l Grassr	oots nontaxable amount							
•		oots ceiling amount of line 2d, column (e))							
f	Grassr	oots lobbying expenditures					,		

Schedule C (Form 990 or 990-EZ) 2018

	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	i 5768		Page
		T (	a)		(b)	
	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed ription of the lobbying activity.	Yes		Aı	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or					
_	referendum, through the use of:					
a	Volunteers?	-	<u></u>			
b c	Media advertisements?	-	V .			
ď	Mailings to members, legislators, or the public?		1			
e	Publications, or published or broadcast statements?	~				
f	Grants to other organizations for lobbying purposes?		~	`		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~				(
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	~				(
i	Other activities?		~			-
j	Total. Add lines 1c through 1ı					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	~			
b	If "Yes," enter the amount of any tax incurred under section 4912					
Ç	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<del> </del>				-
d Pari	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5)	or so	ction		
	501(c)(6).	,χο <i>,</i> , ι	), 3C			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		i i
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		1			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	_	5			
Pari			N. D.	- II A I		
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up iisi	ı), Par	t II-A, II	nes i	anu
	fule C, Part II-B, Line 1 - Educating and mobilizing volunteers in support of local and state legislative effor	to Eo	- 0200	anla the	. Con	
						·
			<b></b>	<b>.</b>	<b></b>	

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

2018

Open to Publio Inspection

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Direct Action Everywhere							81-4502283
Part I General Information on Grants and Assistance	on Grants and	Assistance					
	an records to subsaward the grants	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility for	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and . · · · · · · · · · · · · · · · · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	he use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organizate conveded more that	ations and Dom an \$5,000. Part	nestic Governm Il can be duplica	ents. Complete in ted if additional s	f the organization ar space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	( <b>q</b> )	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)	,		-				,
(5)	,			,			
(4)					١		
(5)							
(9)						•	
(2)			,				
(8)		•					
(6)							
(10)		,				-	

Schedule I (Form 990) (2018)

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

N

(12)

E

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(e) Method of valuation (book, Poscription of noncash assistance FMV, appraisal, other)								Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Schedule I, Part I, Line 2 - DXE requests regular reports on all use of grant funds on a quarterly basis. If any deliverables are included in the grantee's lists of objectives and key results, we								Schedule I (Form 990) (2018)
(d) Amount of noncash assistance								e 2; Part III, column (b	is. If any deliverables are								
(c) Amount of cash grant								equired in Part I, lin	unds on a quarterly bas								
(b) Number of recipients								the information r	n all use of grant f								
(a) Type of grant or assistance	1	2	3	4	5	9	7	Part IV Supplemental Information. Provide t	Schedule I, Part I, Line 2 - DxE requests regular reports o				7		2	ţ	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

81-4502283 **Direct Action Everywhere** Form 990, Part VI, Section B, Line 11b - Direct Action Everywhere's Board of Directors reviewed the Form 990 with the Accountant. The organization files the Form 990 after all members of the board approve and accept it. Form 990, Part VI, Section B, Line 12c - The Board of Directors fills out and signs an annual Conflict of Interest Disclosure. Form 990, Part VI, Section B, Line 15 - The organization does not have any paid staff. Form 990, Part VI, Section C, Line 19 - The specified documents are made available upon request and approval by the Board of Directors. Form 990, Part IX, Line 11g - Legal-related services and veterinary care.